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Bib Data Sheet

**CONFIRMATION NO. 6785**

|   |   |   |                        |                                 |
|---|---|---|------------------------|---------------------------------|
| SERIAL NUMBER<br>10/518,567   | FILING OR 371(c)<br>DATE<br>07/25/2005<br>RULE  | CLASS<br>257  | GROUP ART UNIT<br>2811 | ATTORNEY DOCKET NO.<br>PF020073 |
| <b>APPLICANTS</b><br>Laurent Tessier, Fontaine, FRANCE;<br>Ana Lacoste, Saint Martin Le Vinoux, FRANCE;                 |   |   |                        |                                 |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/50243 06/19/2003                               |   |   |                        |                                 |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02 08094 06/24/2002  |   |   |                        |                                 |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met   | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY<br>FRANCE  | SHEETS DRAWING<br>9    | TOTAL CLAIMS<br>36              |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____  |   |   |                        | INDEPENDENT CLAIMS<br>1         |
| <b>ADDRESS</b><br>24498   |   |   |                        |                                 |
| <b>TITLE</b><br>Coplanar discharge faceplates for plasma display panel providing adapted surface potential distribution |   |   |                        |                                 |
| FILING FEE RECEIVED<br>1830   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following:   | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                        |                                 |